

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/552943

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.							TOTAL NO.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes: A large '1' is written in the 'AFTER 1st AMENDMENT' column for rows 1 through 11. A large '3' is written in the 'AFTER 1st AMENDMENT' column for rows 12 through 23. In the bottom row (row 50), there are handwritten numbers: '1' in the 'AS FILED' DEP. column, '17' in the 'AFTER 1st AMENDMENT' DEP. column, and '18' in the 'AFTER 2nd AMENDMENT' DEP. column. Similar handwritten numbers are present in the corresponding columns for the right-hand section of the table.